U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 14051	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Raymond A Calderon	Name Sprinkler Fitters UA Local 709			
	Labor Organization File Number (244/34)			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 4139 Paramount Blvd., Space #36	Street 12140 Rivera Road			
City Pico Rivera	City Whittier			
State California ZIP Code + 4 90660-6141	State California ZIP Code + 4 90606-2602			
5. Position in labor organization.  Business Representative				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or				

Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.		
Name			į	
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	* Notice (	7.b. Amount	: 	
Street	A from ps	7.b. Attiount.		
City	:			
State ZIP Code + 4 <sup>3</sup>	-			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Layword A. Celoti

on 8/5/05

Date

562-698 9909

Telephone Number

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Name of Person Filing Raymond Calderon	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included the consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	C. Employer
City	
State ZtP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name ;	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Jerry Neil Paul	Gift card
Trade Name, if any: Paul, Hanley, & Harley	
P.O. Box, Bldg., Room No., if any	
Street 5716 Corsa Ave., Suite 203	
City Westlake Village	
State California ZIP Code + 4 91362-4059	
	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant X ?	\$100